HEARTLAND HEALTH CARE CENTER - PEWAUKEE

N26 W23977 WATERTOWN ROAD

WAUKESHA 53188 Phone: (262) 523-0933 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 120 Yes Total Licensed Bed Capacity (12/31/01): 120 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: Average Daily Census: 115 116 *********************** **********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagr	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	43. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	56 . 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	4.3	More Than 4 Years	0.0
Day Servi ces	No	Mental Illness (Org./Psy)	47. 0	65 - 74	13. 9		
Respite Care	Yes	Mental Illness (Other)	4. 3	75 - 84	37. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	40. 9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	3. 5	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 9	İ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	5. 2		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	95. 7		
Transportation	No	Cerebrovascul ar	17. 4			RNs	6. 7
Referral Service	Yes	Di abetes	4. 3	Sex	% j	LPNs	13. 0
Other Services	No	Respi ratory	3. 5		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	17. 4	Male	30.4	Ai des, & Orderlies	41. 2
Mentally Ill	No			Female	69. 6		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care		1	Managed Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	3. 0	110	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	1. 7
Skilled Care	17	100.0	317	63	95. 5	98	0	0.0	0	30	100.0	175	0	0.0	0	2	100.0	325	112	97. 4
Intermediate				1	1. 5	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100. 0		66	100.0		0	0.0		30	100.0		0	0.0		2	100. 0		115	100. 0

HEARTLAND HEALTH CARE CENTER - PEWAUKEE

Admissions, Discharges, and	ı	Percent Distribution	of Residents'	Condi t	i ons, Servi ces, an	nd Activities as of 12/	′31/01
Deaths During Reporting Period				% Needi ng		Total	
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	4. 4	Daily Living (ADL)	Independent		Or Two Staff	<i>J</i>	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	0. 0		89. 6	10. 4	115
Other Nursing Homes	0. 6	Dressi ng	4. 3		86. 1	9. 6	115
Acute Care Hospitals	94. 9	Transferring	27. 0		57. 4	15. 7	115
Psych. HospMR/DD Facilities	0.0	Toilet Use	12. 2		72. 2	15. 7	115
Rehabilitation Hospitals	0.0	Eating	32. 2		55. 7	12. 2	115
Other Locations	0.0	********	*********	*****	******	********	*********
Total Number of Admissions	158	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	5. 2	Receiving Resp	iratory Care	5. 2
Private Home/No Home Health	0.0	Occ/Freq. Incontinen		48. 7	Receiving Trac		0. 9
Private Home/With Home Health	33. 3	Occ/Freq. Incontinen	t of Bowel	27 . 0	Receiving Suct	i oni ng	0. 0
Other Nursing Homes	6. 7	•			Receiving Osto	my Care	0. 9
Acute Care Hospitals	10. 0	Mobility			Recei vi ng Tube	Feedi ng	3. 5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	12. 2	Receiving Mech	anically Altered Diets	30. 4
Reĥabilitation Hospitals	0.0				9	•	
Other Locations	6.0	Skin Care			Other Resident C	haracteri sti cs	
Deaths	44. 0	With Pressure Sores		10. 4	Have Advance D	i recti ves	100. 0
Total Number of Discharges		With Rashes		0. 9	Medi cati ons		
(Including Deaths)	150	I			Receiving Psyc	hoactive Drugs	53. 0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownership: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 96.7 77. 1 1. 25 85. 7 1. 13 82.7 1.17 84.6 1.14 Current Residents from In-County 77.4 82.7 0.94 86. 1 0.90 **85**. 3 0.91 77. 0 1. 01 Admissions from In-County, Still Residing 26.6 19. 1 1.39 17. 5 1. 52 21. 2 1.26 20.8 1. 28 Admissions/Average Daily Census 136. 2 173. 2 0.79 212. 2 0.64 148. 4 0.92 128. 9 1.06 Discharges/Average Daily Census 129.3 173.8 0.74 210. 1 0.62 150. 4 0.86 130.0 0.99 Discharges To Private Residence/Average Daily Census 43. 1 71.5 0.60 87. 3 0.49 **58.** 0 0.74 52.8 0.82 Residents Receiving Skilled Care 99. 1 92.8 1.07 93.8 1.06 91.7 1.08 85. 3 1. 16 Residents Aged 65 and Older 95. 7 86.6 1.02 91.6 87. 5 1. 10 94.0 1.04 1.09 Title 19 (Medicaid) Funded Residents 57.4 71.1 0.81 0.95 64. 4 0.89 68. 7 60. 5 0.84 Private Pay Funded Residents 13. 9 23.8 22. 0 1. 19 26. 1 1.88 26. 1 1.00 1. 10 Developmentally Disabled Residents 0.0 1. 3 0.00 0.9 0.00 0. 9 7. 6 0.00 0.00 Mentally Ill Residents 51.3 32. 5 1.58 27. 3 1. 88 32. 2 1.59 33. 8 1. 52 General Medical Service Residents 17. 4 20. 2 0.86 27. 4 0.64 23. 2 0.75 19. 4 0.90 51. 2 49.3 1.00 Impaired ADL (Mean) 49.0 52.6 0.93 0.96 51.3 0.96 Psychological Problems 53. 0 48.8 1.09 52. 4 1. 01 50. 5 1.05 51. 9 1. 02 Nursing Care Required (Mean) 7. 2 7. 3 0. 89 6. 5 7.3 0.89 6. 7 0.97 0.90